r								П
IPDR6702			770	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT		PA	GE: 1	
RUN DATE	: 12/03/2006			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 12/05/2006				
				FINANCIAL PAYER: NCDMH				
DDOUTEDED		HTOH DBAYES	MIMDED OF				TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
Jeannell	PROVIDER NAME	2020		DEGGET TOW	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	1715	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
								-
		0505	770	CLAIM DENIED DUE TO INSUFFICIE				
		8505	778	NT BUDGET	0	2597	3335	738
				NI BODGEI				
		8800	102	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	URAMBAN UZAUZAN	8534	76	SERVICE FACILITY LOCATION IS N				
3101301	WESTERN HIGHLAN DS LME	0001	, ,	OT A VALID IPRS ATTENDING				
	DO LINE			PROVIDER. PLEASE VERIFY THE F				
		3413	63	PROVIDER TYPE AND SPECIALTY 07	(242	4761	4519
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D		-		
		191	42	CLIENT ID NUMBER DOES NOT MATC	+			
		1		H PATIENT NAME	1		 	
3404910	PATHWAYS	11	291	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	273	DETAIL NOT COVERED BY COMBINAT	60	701	5060	4359
				ION OF RECIPIENT, PROVIDER AND	00	701	3000	4333
				BENEFIT PACKAGE.				
		8933	36	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	8621	30	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8935	9	ASTNC INELIGIBLE TO RECEIVE SE	S	48	813	765
				RVICES IN IPRS.				
		79	6	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
					1			
2404022		0	0	AND DAME TO DEPORT AND				
3404913	MECKLENBURG COM	U	U	*** NO DATA TO REPORT ***	1	1		
	ENTAL HEALT	+				-		
		+						
		0	0		(0	0	0
3404916	CROSSROADS BEHA	3411	90	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	VIORAL HEAL			BENEFIT SERVICES ON OR AFTER D				
		+		TO DENTICE ON ON AFIER D	-			
		79	63	THIS SERVICE IS NOT PAYABLE TO		167	6473	6306
				YOUR SUBMITTED BILLING				
_				PROVIDER TYPE AND SPECIALTY IN	1			
		101						
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		+		II FALLENI NAME				
		+						
		11	1658	CLIENT NOT ELIGIBLE ON SERVICE				
3404917	CENTERPOINT HUM	_		DATE			1	
3404917	AN SERVICES					1	1	
3404917								
3404917								
3404917		8599	90	DETAIL NOT COVERED BY COMBINAT	4	2003	5278	3275
3404917		8599	90	ION OF RECIPIENT, PROVIDER AND	4	2003	5278	3275
3404917		8599	90		4	2003	5278	3275
3404917		8599	90	ION OF RECIPIENT, PROVIDER AND	4	2003	5278	3275
3404917				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	2003	5278	3275

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	32	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	25	PROVIDER TYPE AND SPECIALTY 07	1	74	493	419
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920	ALAMANCE CASWEL	8599	513	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	129	DUPLICATE OF CLAIM-SYSTEM		993	6155	5162
					2	333	0133	3102
		8622	118	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
	1	+						
3404921	ORANGE PERSON C	8505	1290	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		11	1100	OTTEND NOR BYTOTAL ON ORDER				
		11	1198	CLIENT NOT ELIGIBLE ON SERVICE DATE	C	4087	8920	4833
				DATE				
		8599	430	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922								
3404922	THE DURHAM CENT	3411	2602	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	ER			BENEFIT SERVICES ON OR AFTER D				
		21	386	DUPLICATE OF CLAIM-SYSTEM	26	3537	5240	1703
		8518	111	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404923	FIVE COUNTY MH	21	301	DUPLICATE OF CLAIM-SYSTEM				
		0526	104	AMMENDANC DROUTDED MYDE AND OR				
	1	8536	194	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	856	5814	4958
	1	+		VALID FOR SUBMITTED BILLING PR				
	1			-				
		11	155	CLIENT NOT ELIGIBLE ON SERVICE		<u> </u>		
				DATE				
		1			ļ	ļ		
3404925		8599	410	DETAIL NOT COVERED BY COMPINED		1		
3404925	SANDHILLS CENTE	0033	410	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD	+		BENEFIT PACKAGE.				
	1							
		8536	231	ATTENDING PROVIDER TYPE AND SP	7	1130	6378	5248
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		21	146	DUPLICATE OF CLAIM-SYSTEM		-		
			740	DOLLIONIE OF CENTR-SISIEM		-		
	1	+						
3404926	SOUTHEASTERN RE	8518	865	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	27	1237	4470	3233
		+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	+		DENEL 11 ENGINGE.				
	+	21	59	DUPLICATE OF CLAIM-SYSTEM	1	1		
		2.1						

				T	I	I	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8518	308	CLAIM DENIED, SUBMITTED BEYOND				
	HC			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	22	DETAIL NOT COVERED BY COMBINAT	0	367	799	432
				ION OF RECIPIENT, PROVIDER AND	0	307	133	432
				BENEFIT PACKAGE.				
		3412	18	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
2404020		11	78	CLIENT NOT ELIGIBLE ON SERVICE				
3404930	JOHNSTON COUNTY	11	70	DATE				
	MNTL HLTHC			2112				
		8518	20	CLAIM DENIED, SUBMITTED BEYOND	0	115	708	593
				FILING TIMELIMIT. PRIOR		-		
				FISCAL YEAR DOS (JULY 1 - JUNE				
		23	11	SERVICE REQUIRES PRIOR APPROVA				
				L				
2404022		0500	155	DEMANY NOW COURSES BY COMMANY				
3404931	WAKE CO HUM SVC	8599	155	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF	-		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
		+		DENDITI FACINGE.				
		191	15	CLIENT ID NUMBER DOES NOT MATC		193	449	256
		1 -	1	H PATIENT NAME	0	193	449	256
		1	1					
				<u> </u>				
		8534	11	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT	8536	349	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
			104	OVERNIE MORE DE COURTE AN ARRUNOR				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	580	2382	1802
				DATE				
		8599	54	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8536	820	ATTENDING PROVIDER TYPE AND SP				
	BEHAV HEAL			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8534	731	SERVICE FACILITY LOCATION IS N	0	2556	3594	1038
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8599	358	DETAIL NOT COVERED BY COMBINAT				-
		0000	330	ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
			L					
3404936	WILSON-GREENE M	8599	7	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT	1		ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC	-			
			-	H PATIENT NAME	0	15	702	687
		<u> </u>						
				<u> </u>				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		1						
								_
3404937	EDGECOMBE NASH	8518	28	CLAIM DENIED, SUBMITTED BEYOND				
3404937	EDGECOMBE NASH MNTL HLTH C	8518	28	FILING TIMELIMIT. PRIOR				
3404937		8518	28					
3404937				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404937		8518	28	FILING TIMELIMIT. PRIOR	0	41	1020	979
3404937				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	41	1020	979
3404937		21		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM	0	41	1020	979
3404937				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	41	1020	979
3404937		21		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO	0	41	1020	979

							TOTAL	TOTAL
PROVIDER NUMBER	DE CLUEBER MANE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
TOTAL	PROVIDER NAME	2020	DENTILLO	DEBOTE TON	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8518	29	CLAIM DENIED, SUBMITTED BEYOND				
	ALTH CENTER			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	17	DETAIL NOT COVERED BY COMBINAT				
		0399	17	ION OF RECIPIENT, PROVIDER AND	0	59	763	704
				BENEFIT PACKAGE.				
		21		DUDY YOURS OF CLAYM OVERSM				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S	8518	2661	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	AS CENTER			FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	349	SERVICE FACILITY LOCATION IS N	0	3468	6369	2901
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH	8599	35	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE	_			2
			-	DATE	0	53	394	341
		0510	4	CTAIM DENTED CHEMITERED DEVON-				
		8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				-
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA	8536	50	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
	L HEALTH CE			VALID FOR SUBMITTED BILLING PR				
		21	22	DUPLICATE OF CLAIM-SYSTEM	7	124	608	484
		79	22	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8518	2955	CLAIM DENIED, SUBMITTED BEYOND				
	N SERVICES			FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL TEAK DOS (BOLL I - BONE				
		21	430	DUPLICATE OF CLAIM-SYSTEM	6	3512	4823	1311
		10	40	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
2404046		5404	220	ORDER DURY YOUR AND ARREST				
3404946	FOOTHILLS AREAM	5404	338	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	ENTAL HEALT							
		21	301	DUPLICATE OF CLAIM-SYSTEM	8	1140	7776	6636
								1
		8536	101	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
			-	VALUE FOR SUBMITTED BILLDING PK				-
3404957	TIDELAND MENTAL	8518	43	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				1
		8599	26	DETAIL NOT COVERED BY COMBINAT	А	78	829	751
				ION OF RECIPIENT, PROVIDER AND	-	70	023	.51
-				BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	11	139	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO		-	DATE				1
								-
		8518	29	CLAIM DENIED, SUBMITTED BEYOND	0	6	1774	1768
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	24	DETAIL NOT COVERED BY COMBINAT				-
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				